

KIMBERLY S. CORBIN
311 JUNIPER LANE
SWEDESBORO, NJ 08085

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa
Chapter 13 Standing Trustee
Cherry Tree Corporate Center
535 Route 38, Suite 580
Cherry Hill, NJ 08002-2977
(856) 663-5002

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY
(Camden)**

In Re:

KIMBERLY S. CORBIN

Debtor(s).

Proceedings in Chapter 13

Case No.: 19-32786-ABA

**TRUSTEE'S STATEMENT PURSUANT
TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and
1106(a)(4)**

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A - J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").

2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.

3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: May 13, 2020

ICB: KES

via first class mail:

KIMBERLY S. CORBIN

Respectfully submitted,

/s/ ISABEL C. BALBOA

ISABEL C. BALBOA

Chapter 13 Standing Trustee

UNITED STATES BANKRUPTCY COURT
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(Camden)

IN RE:

KIMBERLY S. CORBIN

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Case Number: 19-32786 (ABA / JNP)

CERTIFICATION OF DEBTOR
DERRIVING INCOME FROM
NON-EMPLOYEE COMPENSATION
(IRS FORM 1099-MISC INCOME)

I, Kimberly S. Corbin being duly sworn, upon my oath state:

1. I derive income from non-employee compensation (IRS Form 1099-Misc) for the following company(ies):
 - a. Hometown Realty, LLC
 - b. _____
2. The nature of my work as a Form 1099-Misc employee is Real Estate Sales
3. I began as a Form 1099-Misc employee on mm/dd/yyyy. 9/1/2015
4. I presently (receive) or do not receive income as a 1099 employee.
5. I stopped as a Form 1099-Misc employee on mm/dd/yyyy. 12/2019
6. I (do) or do not have separate liability insurance coverage for the work I perform as a Form 1099-Misc employee.
7. As of the date of this certification I have the following insurance coverage(s):

<input type="checkbox"/> Auto insurance;	<input checked="" type="checkbox"/> Professional liability insurance (E&O);
<input type="checkbox"/> Property insurance;	<input type="checkbox"/> Malpractice insurance;
<input type="checkbox"/> Other: _____;	<input type="checkbox"/> No insurance required.
8. I (do) or do not have an active license or permit for the work I perform as a Form 1099-Misc employee.
9. I have bank accounts in the following financial institutions which are utilized for the work I perform as a Form 1099-Misc employee. (include Paypal & online accounts):

Bank Name	Type of Account / Purpose	Account Number (Last 4 digits)
Bank of America	Checking & Savings	#1240 & #1887
Wells Fargo Bank	Checking	#8572

10. I (do) or do not have business expenses associated with the work I perform as a Form 1099-Misc employee (i.e. gas, travel, tolls, etc.).
11. These expenses are (reimbursed or unreimbursed) by my employer.
12. I (have or have not) filed individual tax returns with the Internal Revenue Service for all the prior tax years, for which I/the business was required to file a return.
13. I (have) or have not filed applicable state tax returns with the State of New Jersey or any other state or commonwealth for all prior tax years, for which I/the business was required to file a return.
14. As of the date of this certification, the value of my business assets, including tools, equipment, inventory, and accounts total \$ 0.
15. As of the date of this certification, I have business obligations which total \$ _____.
16. In support of this certification and as required by the Standing Trustee, I provide the following attached documents (attached):

- ☐ Last two (2) filed Federal Tax Returns, with all supporting schedules and statements;
- ☐ Last Form 1099-Misc received;
- ☐ Bank statements for six (6) months ending the month prior to filing;
- ☐ Current insurance declaration page;
- ☐ Current license and/or permit, plus municipal and county licenses and certifications; and
- ☐ Profit and loss statements for Form 1099-Misc expenses for six (6) months ending the month prior to filing.

I declare under penalty of perjury that the foregoing statements are true and correct.

I have read and acknowledge my responsibilities as a business debtor.

I understand that by filing this certification with the Standing Trustee and attachments in its support, I am signing the document under Fed. R. Bankr. P. 9011.

I declare that (I or my attorney) will retain the original signature of this certification for a period of seven (7) years from the date of the closing of this case pursuant to Fed. R. Bankr. P. 8011.

Date:

3/16/2020

/s/

[Signature]

Debtor

Date:

/s/

Co-Debtor